Primary Care and Behavioral Health Integration

The Center for Mental Health, Inc.
&
Riverview Health Clinic
(Hamilton County)

Why Integration?

- 60% or more of medical visits have no biological diagnoses
- > 50% of mental health services are provided in primary care (70-80% meds)
- PCPs do not always recognize behavioral disorders
- Medical problems of SMIs are under-diagnosed
- No more Specialty Mental Health capacity
- Patients fail to follow thru w/ specialty referrals

Strategic Emphases

Develop an Integration Model for Indiana

Outreach to Underserved Populations

Train Health Care Providers

What is Integration?

- Not enhanced referral
- Not co-location
- Embedding behaviorist into the medical visit (i.e. seamless services)
- Embedding a PCP into the specialty clinic (i.e. medical home for SMIs)

The Behavioral Health Consultant in Primary Care – Characteristics, Skills and Orientation

- Flexible, Independent & Action Oriented
- Solution Rather than Process Oriented
- Impact Functioning, Not Personality
- Prevention Oriented
- Finely Honed Clinical Assessment Skills
- Behavioral Medicine Knowledge Base
- Cognitive Behavioral Intervention Skills
- Group and Educational Intervention Skills
- Consultation Skills
- Utilizes Clinical Protocols & Pathways
- Team Oriented

The Behavioral Health Consultant in Primary Care – Clinical Focus, Interventions and Goals

- Improve Patient Adherence
- Support Patient Self-Management
- Agent of Behavior Change
- Decrease Over-Utilization and Under-Utilization
- Reduce Health-Risk Behaviors and Increase Health-Enhancing Behaviors
- Monitor and Improve Population Outcomes
- Provide Consultation and Training to the Primary Care Team

Key Points

- Full Integration results in fewer specialty referrals (< 20%)
- BHC must steer clear of traditional comprehensive assessments and focus on assessing presenting issues within a 20 minute timeframe
- PCP must orient patients to the BHC as a member of the medical team
- Psychiatrist must visit PC groups; be accessible 24/7; & be open to fielding all questions and providing education
- All providers and patients must be oriented to interruptions
- Psychiatrists must be seen as consultants & retain only specialty cases

How are we Integrating?

- HRSA 2 yr Planning Grant
  - development of model systems that integrate physical health, mental health, and substance abuse services
    - Includes prevention, education, treatment and maintenance services
    - Meets unique needs of the community
    - Generates outcomes

How are we Integrating? (Continued)

- HRSA 3 yr Implementation Grant
  - Operationalize and duplicate the model
  - Track clinical outcomes
  - Track cost offset, savings, financial sustainability

Who are the current partners?

State Committee

- **Medicaid**
- **DMHA**
- **ISDH**
- **IPHCA**
- **IFFCMH**
- **Hilltop Community Health Center**

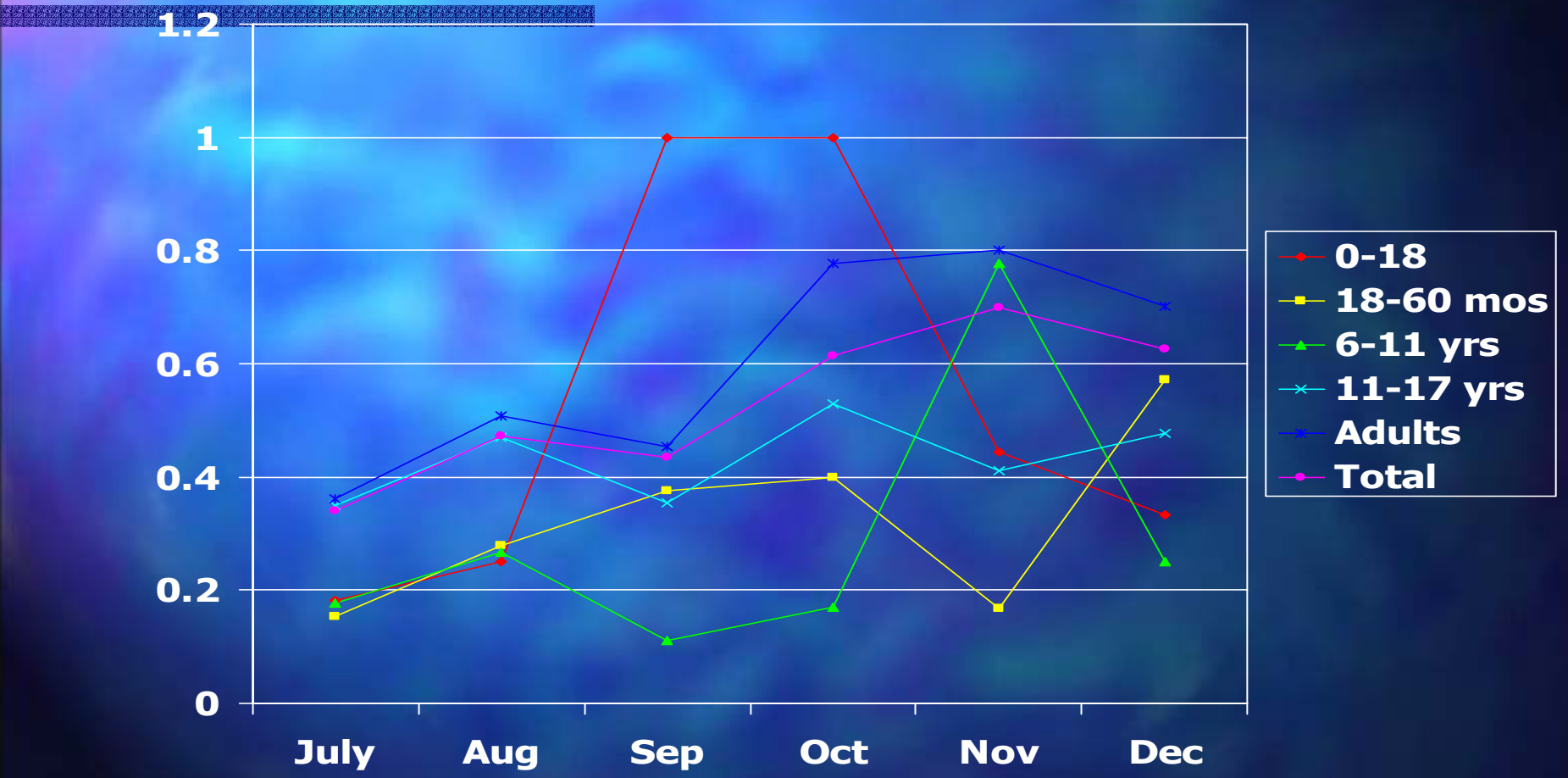
Local Committee

- CMH
- Riverview
- IU
- Lilly

Preliminary Project Results

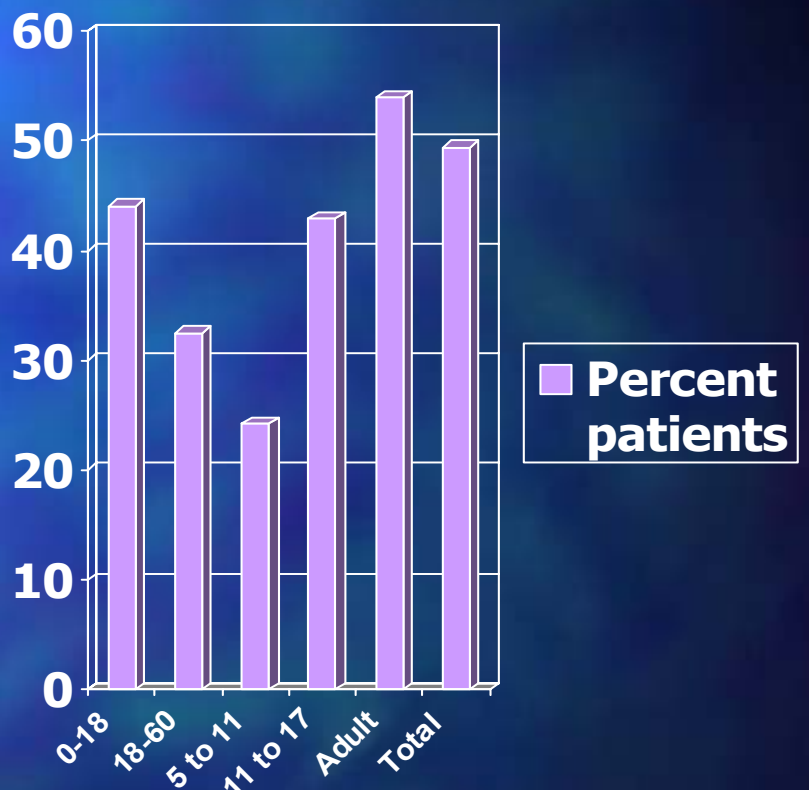
A promising 6 months of data collection

Change over time in percent screened – July to Dec 2005



Number and percent of patients screened from July to December 2005

Age group	Un-duplicated Visits	Screened	Percent screened
0-18 mos	43	19	44.1
18-60 mos	83	27	32.5
5-11 years	99	24	24.2
11-18 years	140	60	42.9
Adults	1114	600	53.9
Total	1479	730	49.4

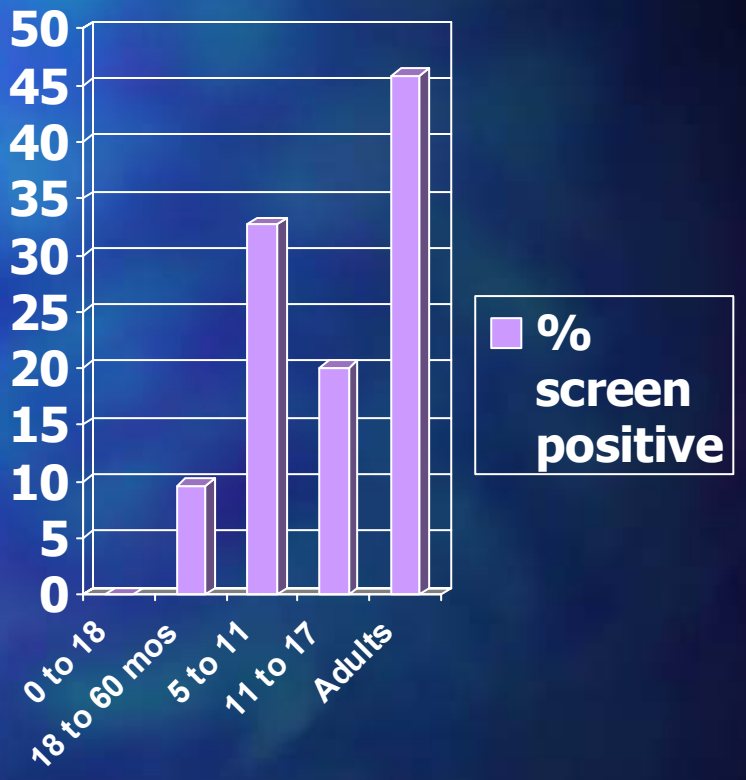


Percent screened – comments

- Overall about half of all patients are being screened
- Those aged 18-60 months (32.5%) and 5-11 (24.2%) are less likely to be screened
- Adults are being most consistently screened (54%)
- General trend for improvement over time in percent screened

Percent screened positive within screening age groups

Age group	Number screened	Number screened positive	Percent screened positive
0-18 months	33	0	0%
18-60months	52	5	9.6%
5-11 years	50	17	32.7%
11-17 years	87	18	20.1%
Adults	916	420	45.9%
Totals	1138	460	40.4%

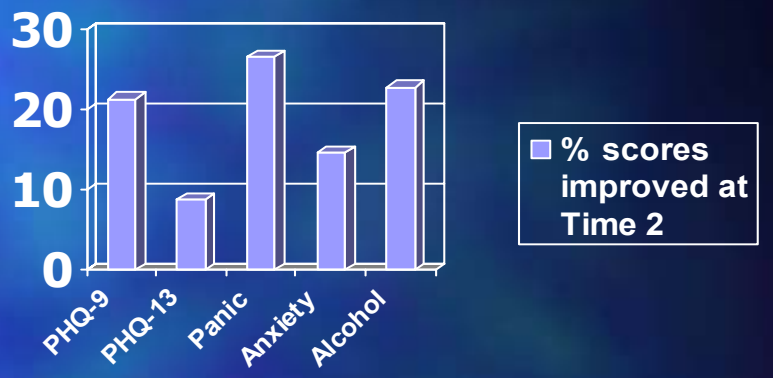


Percent screened positive -- comments

- Large differences in the percent screened positive by age group
- Actual percent true positive unknown (i.e., those for whom diagnosis was confirmed following clinician full assessment)—data not collected
- Rates for children under 18 months and, to lesser extent, for children 18-60 months likely underestimates real prevalence
- Screens for these age groups may need to be re-examined

Adult improvement scores at Time 2

- Limited to those re-screened at Time 2 (number ranged from 63 to 75)
- All areas showed improvement
- Improvement was significant for depression (PHQ-9), panic and anxiety



Outcome	Time 1	Time 2	Significant
PHQ-9	14.48	11.38	.003
PHQ-13	10.57	9.65	.097
Panic	8.11	5.95	.001
Anxiety	9.57	8.17	.006
Alcohol	.57	.44	.206

What Next?

- Define how funders will reimburse for Integrated services
- Replicate model throughout the state
- Provide technical assistance